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PTO/SB/21 (8-98)
Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/193,538
	Filing Date	November 17, 1998
	First Named Inventor	P. A. Billing-Medel et al.
	Group Art Unit	1642
	Examiner Name	Not Assigned
Total Number of Pages in This Submission	4	Attorney Docket Number 6193.US.P1

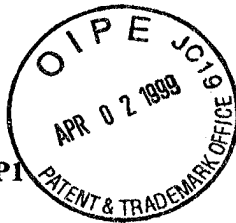
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request for Corrected Filing Receipt (2 Pages) Copy of official Filing Receipt, Form PTO-103X Return-Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Cheryl L. Becker, Reg. No. 35,441
Signature	<i>Cheryl L. Becker</i>
Date	2/2/99

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: Feb. 2, 1999			
Typed or printed name	Karen R. Smith		
Signature	<i>Karen R. Smith</i>	Date	2/2/99

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Practitioner's Docket No. 6193.US.PI



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Patricia A. Billing-Medel *et al.*

Application No.: 09/193,538

Group No.: 1642

Filed: November 17, 1998

Examiner: Not Assigned

For: REAGENTS AND METHODS USEFUL FOR DETECTING DISEASES OF THE BREAST

Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official *Filing Receipt* received from the PTO in the above application for which issuance of a corrected *Filing Receipt* is respectfully requested.
2. There are errors with respect to the following, which were incorrectly entered:

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Date: February 2, 1999

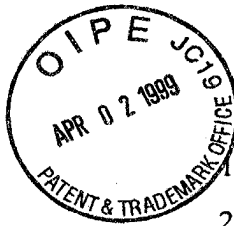
Karen R. Smith
Signature

Karen R. Smith
(type or print name of person certifying)

(Request for Corrected Filing Receipt—page 1 of 2)

Error in

1. Lisa Roberts-Rapp;
2. John C. Russell, Kenosha, WI;



Correct data

1. Add: Lisa Roberts-Rapp, Gurnee, IL;
 2. John C. Russell, Pleasant Prairie, WI;
3. Applicant(s) respectfully request a Corrected *Filing Receipt* to reflect this change.
4. At least one of the above corrections is due to Applicant's error and the fee therefor under 37 CFR 1.19(h) of \$25.00 is paid as follows:

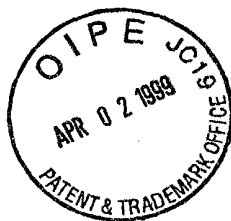
☒ charge Deposit Account 01-0025 \$25.00

Abbott Laboratories
D377/AP6D
100 Abbott Park Road
Abbott Park, IL 60064-6050
Telephone: (847) 935-1729
Facsimile: (847) 938-2623


SIGNATURE OF PRACTITIONER

Cheryl L. Becker
Reg. No.: 35,441
Attorney for Applicant(s)

Practitioner's Docket No. 6193.US.P1



PATENT

Receipt

CFA
#6

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Patricia A. Billing-Medel *et al.*

Application No.: 09/193,538

Group No.: 1642

Filed: November 17, 1998

Examiner: Not Assigned

For: REAGENTS AND METHODS USEFUL FOR DETECTING DISEASES OF THE BREAST

Assistant Commissioner for Patents

Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the *Corrected Filing Receipt* received from the PTO in the above application for which issuance of a 2nd *Corrected Filing Receipt* is respectfully requested.
2. On February 2, 1999, Applicant(s) submitted a *Request for Corrected Filing Receipt* (i.e., a copy is enclosed) to correct the following:

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Date:

3/24/99

Signature

Karen R. Smith

Karen R. Smith

(type or print name of person certifying)

(Request for Corrected Filing Receipt—page 1 of 2)

Error in

1. Lisa Roberts-Rapp, Gurnee, WI;

Correct data

1. Add: Lisa Roberts-Rapp, Gurnee, IL;

3. Due to the fact that this is the Applicant(s) 2nd request for *Corrected Filing Receipt*, no fees are due.
4. Applicant(s) respectfully request a *Corrected Filing Receipt* to reflect the above change
5. It is believed that no fee is due in connection with this 2nd request, as the Applicant(s) have previously authorized payment of fees on *Request for Corrected Filing Receipt* dated February 2, 1999.

Abbott Laboratories
D377/AP6D
100 Abbott Park Road
Abbott Park, IL 60064-6050
Telephone: (847) 935-1729
Facsimile: (847) 938-2623



SIGNATURE OF PRACTITIONER

Cheryl L. Becker
Reg. No.: 35,441
Attorney for Applicant(s)

FILING RECEIPT
CORRECTED

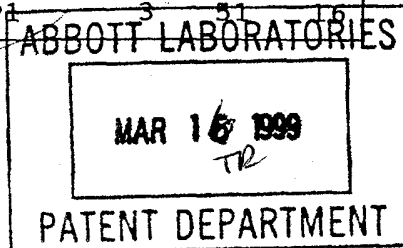
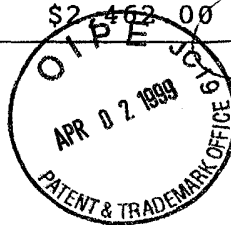
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY-DOCKET NO.	DRWGS	TOT CL	IND CL
09/193,538	11/17/98	1642	\$2,462.00	6193.US.P1			

STEVEN F WEINSTOCK
ABBOTT LABORATORIES
D-377/AP6D-2
100 ABBOTT PARK ROAD
ABBOTT PARK IL 60064-3500



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

PATRICIA A. BILLING-MEDEL, GURNEE, IL; MAURICE COHEN, HIGHLAND PARK, IL; TRACEY L. COLPITTS, ROUND LAKE, IL; PAULA N. FRIEDMAN, DEERFIELD, IL; JULIAN GORDON, LAKE BLUFF, IL; EDWARD N. GRANADOS, VERNON HILLS, IL; STEVEN C. HODGES, BUFFALO GROVE, IL; MICHAEL R. KLASS, LIBERTYVILLE, IL; JON D. KRATOCHVIL, KENOSHA, WI; LISA ROBERTS-RAPP, GURNEE, WI; JOHN C. RUSSELL, PLEASANT PRAIRIE, WI; STEPHEN D. STROUPE, LIBERTYVILLE, IL.

IL;

CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CIP OF 08/971,772 11/17/97 ABN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/21/98

TITLE

REAGENTS AND METHODS USEFUL FOR DETECTING DISEASES OF THE BREAST

PRELIMINARY CLASS: 536

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DATA ENTRY BY: MOLLISH, CHRISTINE TEAM: 02 DATE: 03/11/99

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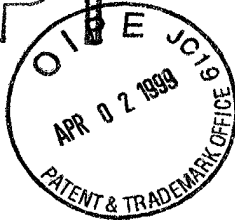
6193.US.P1/CLB/lrs/ADD

February 2, 1999

Patent Office Mail Room: Will you please affix the Patent Office Stamp and return this card to acknowledge receipt of the following documents:

Applicant(s): Patricia A. Billing-Medel *et al.*
Serial No.: 09/193,538
Filing Date: November 17, 1998
Atty Docket No.: 6193.US.P1
Title: REAGENTS AND METHODS USEFUL FOR DETECTING DISEASES OF THE BREAST

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Copy of Corrected Filing Receipt, Form PTO-103X
Copy of Request for Corrected Filing Receipt,
dated 2/2/99 - 5 pages
Return-Receipt Postcard

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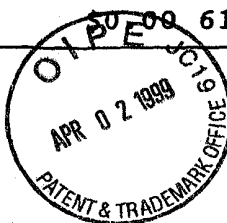
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/193,538	11/17/98	1642		6193.US.P1	3	51	16

STEVEN F WEINSTOCK
ABBOTT LABORATORIES
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CONTINUING DATA AS CLAIMED BY APPLICANT-
THIS APPLN IS A CIP OF 08/971,772 11/17/97

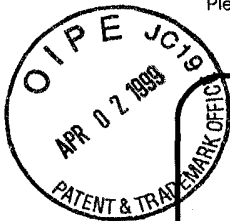
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TITLE
REAGENTS AND METHODS USEFUL FOR DETECTING DISEASES OF THE BREAST

PRELIMINARY CLASS: 536

Correction To Filing Receipt Assignment Record Status Check due

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/193,538
	Filing Date	November 17, 1998
	First Named Inventor	P. A. Billing-Medel et al.
	Group Art Unit	1642
	Examiner Name	Not Assigned
Total Number of Pages in This Submission	10	Attorney Docket Number 6193.US.P1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	See 1 in Addendum
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Cheryl L. Becker, Reg. No. 35,441
Signature	<i>Cheryl L. Becker</i>
Date	3/24/99

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Typed or printed name	Karen R. Smith		
Signature	<i>Karen R. Smith</i>	Date	3/24/99

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